

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155235		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2011	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 200 26TH STREET LOGANSPORT, IN46947			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/27/11</p> <p>Facility Number: 000140 Provider Number: 155235 AIM Number: 100266960</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This three story facility with a basement was determined to be of Type II (111) construction and was fully sprinklered except for the kitchen utility closet. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. All resident</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0017 SS=E	<p>rooms had battery operated smoke detectors. The facility has a capacity of 127 and had a census of 121 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/03/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 Based on observation and interview, the facility failed to ensure 1 of 1 open use areas were separated from the corridor, or met an Exception. LSC 19.3.6.1,</p>			K0017	<p>K017</p> <p>It is the policy of Miller's Merry Manor to have partitions that resist the passage of smoke. The</p>		06/26/2011

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	<p>Exception # 1 Spaces shall be permitted to be unlimited in area and open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect 2 residents observed lounging by the front Reception office as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/27/11 at 12:44 p.m. with the Maintenance Supervisor, the sliding glass doors installed at the front Reception office were not self closing and were open to the front entrance corridor. Exception # 1, requirement (c) of the Life Safety Code,</p>				<p>sliding window on the front office does not close with the activation of the fire alarm. As a result, a smoke detector needs to be installed in this partition.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>SafeCare installed a smoke detector in the front office on 6/8/11 that is wired to the fire panel (Attachment A). As a result, we are now in compliance with regulation K017.</p> <p>SafeCare and the Maintenance Director tested the smoke detector upon installation. The detector will then be tested for functioning and sensitivity along with all our other smoke detectors annually by SafeCare.</p> <p>Findings will be corrected upon discovery and a summary will be provided at the Monthly QA Committee meeting.</p> <p>All corrections will be completed by June 26, 2011.</p>		

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K0056 SS=E	<p>Chapter 19.3.6.1 was not met as follows: the open area was not protected by an automatic smoke detection system or arranged to allow direct supervision by facility staff from a continuously staffed area such as a nurses' station. Based on interview on 05/27/11 at 12:47 p.m. with the Maintenance Supervisor, it was acknowledged the front Reception office was open to the entry corridor without supervision from the nurse's station and was not protected by automatic smoke detection.</p> <p>3.1-19(b)</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the facility failed to ensure 1 of 3 rooms in the kitchen was provided with an automatic sprinkler system to ensure sprinkler coverage in all portions of the</p>			K0056	<p>K056</p> <p>It is the policy of Miller's Merry Manor to have properly installed Sprinkler Systems to provide complete coverage for all portions of the building. The utility</p>		06/26/2011

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	<p>building. This deficient practice could affect 12 residents on 100 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/27/11 at 01:17 p.m. with the Maintenance Supervisor, the utility closet in the kitchen on the first floor adjacent to 100 hall which measured five feet by seven feet was not provided with a sprinkler head. Based on interview on 05/27/11 at 01:20 p.m. with the Maintenance Supervisor, it was acknowledged there was not a sprinkler head present to provide sprinkler coverage for the utility closet located in the kitchen.</p> <p>3.1-19(b)</p>				<p>closet in the kitchen did not have a sprinkler installed in it.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>SafeCare installed a sprinkler in the kitchen utility closet on 6/7/11 (Attachment B). As a result, we are now in compliance with regulation K056.</p> <p>SafeCare tested the sprinkler upon installation to ensure proper functioning. The sprinkler will be inspected and tested annually by SafeCare along with our other sprinkler heads to ensure proper functioning.</p> <p>Findings will be corrected upon discovery and a summary will be provided at the Monthly QA Committee meeting.</p> <p>All corrections will be completed by June 26, 2011.</p>		